PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number			
CLAIMS AS FILED – PART I (Column 1) (Co						(Column 2)	_	SMALL	ENTITY	OR		R THAN ENTITY	
FOR			NUMBI	ER FILED	NUI	NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							1		\$	OR	10115	\$	
TOTAL CLAIMS (37 CFR 1.16(c))) = ·		1	x \$ =				<u> </u>		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			· .	minus :		·		x s =	 	OR OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ \$ =		OR	+ \$=		
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED – PART II												·	
						(Column 3)		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		REI	LAIMS MAINING .FTER NDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		3 5	Minus	50	- _S		x \$=	125	OR	x \$ =		
	Independent (37 CFR 1.16(b))	•	4	Minus	" 3	=]		× \$ =	100	OR	X \$=		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR .	+s =		
								TOTAL ADD'L FEE	992	OR	TOTAL ADD'L FEE		
		(Col	umn 1)		(Column 2	2) (Column 3)							
AMENDMENT B	,	REA A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))			Minus	**	=		x \$=		OR	x \$ =		
	Independent (37 CFR 1.16(b))	*		Minus	***	=		x 's =		OR	x \$=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ <u>·</u> =		OR	+ s=		
						В		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	·	
		(Col	umn 1)		(Column 2)	(Column 3)						1	
AMENDMENT C		REM Al	AIMS IAINING TER NDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•		Minus	**	=		x \$_ · _ =		OR	x \$ =		
	Independent (37 CFR 1.16(b))			Minus	***	=		x \$=	·	OR	x \$=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR	+ \$=		
										OR	TOTAL ADD'L FEE	1-	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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Serial No. 10/615,581

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

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SERIAL NO.:

10/615,581

GROUP ART:

2858

FILED:

7/8/2003

EXAMINER:

Randy W. Gibson

FOR:

INTEGRATED OCCUPANT SENSORY SYSTEM

ATTORNEY DOCKET NO:

60,449-072

Commissioner for Patents

P-O-Box-1450-

Alexandria, VA 22313-1450

<u>AMENDMENT</u>

In response to the first Office Action from the Examiner mailed February 15,2005, please amend the application as follows:

A complete listing of claims begins on page 2.

Remarks begin on page 8.

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I hereby certify that this correspondence is being facalmile transmitted to the United States patent and Trademark Office, fax number (703) 8/12-9306 on May 16, 2005.

John Carison

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